® CIA	24 ATTHORIS	ATION AND Y	OUGHED FOR	PAYMENT OF TR	ANSCRIPT (Pour	5/00

CJA 24 AUTHORIZATION AND VO	UCHER FOR PAYMENT OF TRANSCI	RIP1 (Rev. 5/99)						
1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED		VOUCHER NUMBER					
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUM	4. DIST. DKT/DEF. NUMBER		UMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name)	8. PAYMENT CATEGOR G Felony G Misdemeanor G Appeal	G Misdemeanor G Other		9. TYPE PERSON REPRESENTED G Adult Defendant G Juvenile Defendant G Other G Other		10. REPRESENTATION TYPE (See Instructions)		
11. OFFENSE(S) CHARGED (Cite U.S. C	ode, Title & Section) If more than one of	ffense, list (up to five) majo		to severity of offense.				
	REQUEST A	ND AUTHORIZ	ATION FOR TRAI	NSCRIPT				
12. PROCEEDING IN WHICH TRANS	CRIPT IS TO BE USED (Describe briefi	ly)						
 PROCEEDING TO BE TRANSCRIF prosecution argument, defense argun 	BED (Describe specifically). NOTE: The nent, prosecution rebuttal, voir dire or jur				statement,			
14. SPECIAL AUTHORIZATIONS						JUDGE'S INITIALS		
A. Apportioned	% of transcript with (Give case	se name and						
B. G Expedited G	Daily G Hourly Transcrip	ot G Realtime	Unedited Transcript					
C. G Prosecution Opening G Defense Opening State			cution Rebuttal	ry Instructions				
D. In this multi-defendant c	ase, commercial duplication of trans	scripts will impede the						
services to persons process. ATTORNEY'S STATEMENT	eeding under the Criminal Justice A	Act.	16. COURT ORDER					
transcript requested is necessary	resented who is managed above, I he for adequate representation. I, pt services at the expense of the Ur	therefore, request	Financial eligibility of satisfaction the authoriza		-	blished to the Court's		
Signature of Atto	orney	Date	Signatur	e of Presiding Judicial C	Officer or By Order of t	he Court		
Printed Nan Telephone	ne		Date of Order Nunc Pro Tunc Date					
G Panel Attorney G Retained	d Attorney G Pro-Se	3 Legal Organization						
		CLAIM FOR						
 17. COURT REPORTER/TRANSCRIBE G Official G Contract 19. SOCIAL SECURITY NUMBER OR 	G Transcriber G Other	er	18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Telephone					
20. TRANSCRIPT	INCLUDE	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT	TOTAL		
Original	PAGE NUMBERS				APPORTIONED			
Сору								
Expense (Itemize)								
				TOTAL AN	MOUNT CLAIMEE):		
 CLAIMANT'S CERTIFICATION OF I hereby certify that the above claim source for these services. 	F SERVICE PROVIDED is for services rendered and is correct, a	and that I have not sought	or received payment (compens	ation or anything of valu	e) from any other			
Signature of				Dat				
22. CERTIFICATION OF ATTORNEY	OR CLERK. I hereby certify that the se		ERTIFICATION that the transcript was received	ı				
22. CERTIFICATION OF ATTORNET	on obbits. Thorough coming that the se	co were rendered dild t	and the transcript was received					
	Signature of Attorney or Clerk			Date				
23. APPROVED FOR PAYMENT	APPROVE	D FOR PAYME	NT — COURT USE	ONLY	24. AMOUNT	APPROVED		
23. APPROVED FOR PAYMENT					24. AMOUNT	AFPKUVED		
Signat	ure of Judicial Officer or Clerk of Co	ourt		Date				